

APR 2 5 2007

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o a collection of information unless it discless a valid OMB control number. Under the Pagerwork Reduction Act of 1995. As hersons are required to respond to a co Application Number 10/828.881 Filing Date TRANSMITTAL 04-21-2004 First Named Inventor FORM Raymond Mcclanahan Art Unit 3772 Examiner Name Lewis, Kim (to be used for all correspondence after initial filling) Attorney Docket Number 014-304-1 (MCL-2.001.US) Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Fee Attached Licensing-related Papers of Appeals and Interferences Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please identify Terminal Disclaimer Extension of Time Request below): Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Document(s) THIS SUBMISSION IS BEING SENT VIA CENTRAL FAX NO. 1-571-273-8300 Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name GANZ LAW, P.C. Signature Printed name -Bradley M. Ganz Oate Reg. No. 34,170 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mall in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date Tracie Brooks Typed or printed name

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	Application Number	10/828,661
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/828.661
Filing Date	94-21-2004
First Named Inventor	Reymond McClanalian
Titte]	Orthotic foot care & platform method & apparatu
Art Unit	3772
Examiner Name	Kim Lewis
Attorney Docket Number	MCL-2:001.US

		Attorney Docket	Number	MCL-2:001.05		ئــــــ
I hereby revoke al	l previous powers of attorney gi	ven in the above	identified	application.		
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POWER OF ATTORNEY	Filing Date	04-21-2004
and	First Named Inventor	Reymond McClanahan
CORRESPONDENCE ADDRESS	Title	Orthotic foot care & platform method & apparatu
INDICATION FORM	Art Unit	3772
	Examiner Name	Kim Lewis
	Attorney Docket Number	MCI -2 001 US

	Examiner Marie	Kim Lawis
	Attorney Docket Number	MCL-2.001.US
I heraby revoke all previous powers of attorney gi	unn in the observe lide atti-ut	
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Country Telaphone I am the: Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form in the country of the entire interest).	3.71.	
Country Telaphone I am the: Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form I	3.71. PTO/SB/96)	4
Country Telaphone I am the: Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form I	3.71. PTO/SB/96)	Date 4/24/57
Country Telaphone I am the: Applicant/inventor. Assignee of record of the entire interest, See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form I Stanature August 1970 CFR 3.73(c) is enclosed. (Form I Reymord A. McCianahan	3.71. PTO/SB/96)	4
Country Telaphone I am the: Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR Statement under 37 CFR 3.79(b) is enclosed. (Form I Signature Raymond A. McClanshan	3.71 PTO/SB/96) Applicant or Assignee of Recor	Date 4/24/67

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